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12/15/92 STID# 587

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

# Notice of Requirement to Reimburse

Melinda Henry-dare Estate Of John B. Henry 3312 Central Avenue Alameda, Ca 94501

Responsible Party #1 Property Owner

R. R. Zielinski Texaco Refining And Marketing 108 Cutting Blvd. Richmond, Ca 94804

Certified Mail # P1/3 8/5 282

Responsible Party #2 Contact Person Contact Company

John B. Henry Estate 1726 Park St Alameda, CA 94501

SITE

Date First Reported 05/12/92

Substance: Gasoline Petroleum: (X) Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been indentified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Juliet M Shin, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

b 773 972 595

Receipt for Certified Mail No Insurance Coverage Provided Do not use for International Mail (See Reverse)

(JM) #587 Sent to R. R. Zielinski Street and No. 8 Cutting Blvd PO, State and JIP Code Richmond CA 94804 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Snowing to Whom & Date Delivered PS Form **3800**, June 1991 Return Receipt Showing to Whom, Date, and Addressee's Address TOTAL Postage & Fees \$ Postmark or Date

# ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

# Certified Mail # PII3.815.281

12/15/92 STID# 587

## Notice of Requirement to Reimburse

Melinda Henry-dare Estate Of John B. Henry 3312 Central Avenue Alameda, Ca 94501

, R. R. Zielinski Texaco Refining And Marketing 108 Cutting Blvd. Richmond, Ca 94804

John B. Henry Estate 1726 Park St Alameda, CA 94501 Responsible Party #1
Property Owner

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Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

Alameda CA 94501  7. Date of Delivery  6. Signature (Addressee)  8. Addressee's Address (Only if requested and fee is paid)  8. Signature (Agent)  8. Domestic Return Receipt	return this card to you.  Attach this form to the front of the mailpiece, or on the back if space  Attach this form to the front of the mailpiece below the article number.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date  The Return Receipt will show to whom the article was delivered and the date  The Return Receipt will show to whom the article was delivered and the date  The Return Receipt postmaster for fee.  Addressee 3 A
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# Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

(JIVI) #587 Melinda Henry-Dare Street and No. 3312 Central Ave. PO, State and ZIP Code CA 94501 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Form **3800**, June 1991 Return Receipt Showing to Whom Date, and Addressee's Address TOTAL Postage \$ & Fees Postmark or Date

DAVID J. KEARS, Agency Director



### State Water Resources Control Board Division of Clean Water Programs UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 113 815 186

AGENCY

09/29/92 STID# 587 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

### Notice of Requirement to Reimburse

Melinda Henry-dare Estate Of John B. Henry 3312 Central Avenue Alameda, Ca 94501

John B. Henry Estate 1726 Park St Alameda , CA 94501 Responsible Party Property Owner

SITE

Date First Reported 05/12/92

Substance: Gasoline Petroleum: (X) Yes

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SWRCB Use:

Add: X Reason: New Case

Complete items 1 f 2 for additional services. Complete items 3, a & b. Complete items 3, a & b. Print your name and address on the reverse of this form so that print this card to you. Attach this form to the front of the mailpiece, or on the back if a ser not permit. Write "Return Receipt Requested" on the mailpiece below the article Write "Return Receipt will show to whom the article was delivered and alivered.  3. Article Addressed to:  (JM) #587  Mel inda Henry-Dare Estate of John B. Henry 3312 Central Avenue Alameda, CA 94501  6. Signature (Addressee)  6. Signature (Addressee)  PS Form 3811, December 1991 * U.S.G.P.O.: 1992-3	4a. Ar  4b. Sc  Rec  Ce  Ex	following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery Consult postmaster for fee.  1. Addressee's Address  2. Restricted Delivery Consult postmaster for fee.  1. Addressee's Address  2. Restricted Delivery Consult postmaster for fee.  2. Restric
Complete items 3, print your name and address on the reverse of this form so that you name and address on the reverse of this form so that you name and address on the mailpiece, or on the back if a so to permit.  Write "Beturn Receipt Requested" on the mailpiece below the article Write "Beturn Receipt will show to whom the article was delivered and livered.  3. Article Addressed to:  (JM) #587  Melinda Henry-Dare  Estate of John B. Henry  3312 Central Avenue  Alameda, CA 94501  6. Signature (Addressee)	4a. Ar  4b. Sc  Rec  Ce  Ex	Consult postmaster for fee.  Consult postmaster for fee.  P 113 815 186  ervice Type gistered
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